

**CBS-1 Notice of Sale or Purchase of Business Assets****General information**

You (or the purchaser or the transferee) must complete this form if, outside your usual course of business, you sell or transfer the major part of

- the stock of goods that you are in the business of selling,
- the furniture or fixtures,
- the machinery and equipment, or
- the real property of your business.

Complete all information and attach a copy of the sales contract and financing agreement.

If you need additional information, you may call our Chicago office weekdays between 8:30 a.m. and 5:00 p.m. at 312 814-3063.

Mail your completed form and a copy of the sales contract and financing agreement to:

**BULK SALES UNIT
ILLINOIS DEPARTMENT OF REVENUE
100 WEST RANDOLPH LEVEL 7-400
CHICAGO IL 60601**

You may fax your form and sales contract to us at 312 793-3841.

Part 1: Identify the business being sold and the registration numbers

1 _____
Business name

2 _____
Street address

Street address (if needed)

City State ZIP

3 _____
Illinois business tax number (IBT no.)

4 _____
Federal employer identification number (FEIN) Seq. number

5 _____
Social Security number

6 Are you required to pay any excise taxes? ☐ Yes ☐ No
Excise tax number _____

Part 2: Identify the seller

7 _____
Seller's name

8 _____
Seller's home or mailing address

City State ZIP

9 () _____
Seller's daytime phone number

10 () _____
Name of seller's attorney Daytime phone number

11 _____
Address of seller's attorney

Part 3: Identify the purchaser

12 _____
Purchaser's name

13 _____
Purchaser's home or mailing address

City State ZIP

14 _____
Purchaser's IBT no. and FEIN

15 () _____
Name of purchaser's attorney Daytime phone number

16 _____
Address of purchaser's attorney

Part 4: Describe the terms of sale

17 Date business was sold or is to be sold. ____/____/____
Month Day Year

18 Write the selling price of the business. \$ _____

19 Was the entire business sold?
☐ Yes
☐ No (If "No," you must complete Line 20.)

20 Are the seller's registration numbers with the department to remain active?
☐ Yes
☐ No (If "No," write the date to be discontinued.)
Effective date ____/____/____
Month Day Year

21 Terms of sale. Write an "X" in the appropriate box, and provide additional information as requested.

☐ Cash sale

☐ Contract sale. Complete the following information:

- Amount of down payment \$ _____
- Amount of monthly payment \$ _____
- Date last payment is due ____/____/____
Month Day Year

☐ Conventional financing

☐ Other (specify) _____

Part 5: Sign below

22 () _____
Print or type the name of person submitting this form Daytime phone number

23 _____
Mailing address of person submitting this form

City State ZIP

24 _____
Signature of person submitting this form Date